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ABSTRACT

The federal government's WIC program, the Special Supplemental Nutrition Program for Women, Infants and Children, is designed to improve the health and development of low-income women and young children. California's passage of Proposition 10, the "Children and Families First Act," has created a climate that encourages collaborative projects among agencies that focus on optimizing early child development. The ability of the California WIC programs to reach the majority of prenatal to age five individuals with "user-friendly," culturally competent care can be complemented by the strengths of other programs that provide support to children and families. This report elucidates the multiple roles that California WIC can play in rapid and effective implementation of Proposition 10 at the local level. The report's introduction outlines seven main reasons why WIC is an excellent Proposition 10 partner. The sections 2 and 3 examine research on the WIC program and review existing systems/programs. Section 4 then details recommended models for including WIC in Proposition 10 plans. Section 5 discusses integrating/coordinating funding streams. Section 6 discusses implementing the models from Section 4. The report's two appendices include a list of WIC agencies in California and a list of helpful Web sites and California experts on WIC. (Contains 40 references.) (HTH)

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Building Community Systems for Young Children

Building Community Systems for Young Children is a series of reports designed to support the implementation of Proposition 10 The California Children and Families Act. Each installment is written by a team of experts and provides comprehensive and authoritative information on critical issues concerning young children and families in California.

April 2000

California WIC and Proposition 10: Made for Each Other

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California WIC and Proposition 10: Made for Each Other

WIC, the Special Supplemental Nutrition Program for Women, Infants and Children, is designed to improve the health and development of low-income women and young children. Established by the federal government in 1974, WIC has shown a consistent positive impact on maternal nutritional status, birth outcomes and child development. The vast majority of low-income women and children up to age five in California receive WIC services, with the actual percentages of individuals served varying by county. This report will describe California WIC in detail, clarify WIC's strengths and limitations in relation to Proposition 10 program planning, and provide specific examples of how Proposition 10 dollars can best utilize and leverage the current WIC system to reach more families with young children.

The goal of this report is to elucidate the multiple roles that California WIC can play in a rapid and effective implementation of Proposition 10 at the local level.

The passage of Proposition 10, the California Children and Families Act, has created a climate that encourages collaborative projects among agencies that focus on optimizing early child development. California is now challenged to show measurable effects on the health and development of all young children in the state. In order to meet these challenges rapidly and effectively, communities need to identify existing agencies and programs that are already successfully providing services that meet the needs of young children and families. The ability of California WIC programs to reach the majority of prenatal to age five individuals with "user-friendly," culturally competent care can be complemented by the strengths of other programs that provide child care, developmental services, parent and child literacy classes and health care in order to provide comprehensive support for young children and families. By maximizing the use of WIC programs as points of entry into services for low-income families, and expanding current WIC services to all families with young children, Proposition 10 can have a maximum impact on California's young children and families.

I. Introduction/Background

WIC in California

WIC is a food and nutrition education program for pregnant, breastfeeding, and postpartum women, infants and children under the age of five who are low income (up to 185% of the federal poverty level) and at nutritional risk. Established in 1974, this federally funded program prevents health problems and improves the health and nutritional status of participants during critical times of growth and development. WIC is unique among federally administered food assistance programs in that it provides specific nutritious food prescriptions —WIC checks, redeemable at grocery stores —to a target population as an adjunct to ongoing health care.

Two-thirds of California WIC participants live at or below the federal poverty level.

Basic nutrition education, including breastfeeding promotion and support, are core services WIC provides to all eligible participants. While WIC does not provide direct health care to participants, a primary goal of the program is to encourage and facilitate access to early prenatal and preventive health care through referral and education. Perhaps most important, WIC is "user friendly," providing nutritious food, social

support, and anticipatory guidance to women at a vulnerable time in their lives, without cumbersome paperwork or citizenship requirements.

Nationwide, the WIC program currently serves about 7.4 million participants with a $3.9 billion budget. California, by far the nation's largest WIC program, has 81 local agencies that serve 1.22 million participants at 650 local sites, with FY 1999 food expenditures of $508 million and nutrition services and administration expenditures of $171 million. All WIC funds are administered by the Department of Health Services WIC Branch, which allocates the funds to local agencies. Agencies receive about $100/year per participant enrolled for nutrition services and administrative expenditures (exclusive of the food budget); thus an agency serving 25,000 participants receives approximately $2,500,000 from the state to run all services related to nutrition services and administration of the program. The WIC program employs over 3,000 state and local staff, and uses over 3,600 local grocery stores as redemption sites for WIC checks.

Percent of Total Caseload by Group

WOMEN	*23%*
INFANTS (0-12 months)	*23%*
CHILDREN (1-5 years)	*54%*

Ethnic Breakdown of Participants

LATINA	*69%*
CAUCASIAN	*14%*
AFRICAN-AMERICAN	*9%*
ASIAN-AMERICAN	*7%*
NATIVE-AMERICAN	*<1%*
UNKNOWN/OTHER	

A local WIC site — whether a permanent clinic, a small storefront, or a folding table in a firehouse or church basement — is a fixture of nearly every small town, low-income neighborhood, and reservation in California. The WIC program is run by WIC agencies. Local WIC agencies run WIC sites, also called clinics. WIC agencies are evenly divided between those based in 48 county public health programs and 52 non-profit providers, some of which operate programs in more than one county. However, non-profit contractors serve the majority of WIC participants in the state. Local agencies range in size from small rural or neighborhood sites serving less than 1,000 to large urban agencies, such as one with a caseload of 316,825 participants, dwarfing most state WIC agencies.

WIC and Proposition 10

Proposition 10 Guidelines delineate three primary strategic results. There is mention of the WIC program throughout the Guidelines document, most often in sections positing strategies for the promotion of the strategic results. For example, a key strategy posed throughout is to focus on the power of neighborhood resources, locating natural entry points like WIC clinics that have a potential to serve children and families.

Proposition 10 Strategic Results

- *Improved Family Functioning*
- *Improved Child Development*
- *Improved Child Health*

Perhaps the most obvious shared goal between WIC and Proposition 10 is in **improving child health**. Since its inception, WIC has been an important prevention and health promotion program. WIC was created as a nutrition program to improve the health and well-being of low-income mothers and children. As such, WIC has shown measurable impacts on the diets of young children and prenatal mothers, such as higher mean intakes of nutrients, including iron and Vitamin C by infants enrolled in the WIC program as compared to infants not enrolled in WIC.[1] Infants on WIC also have significantly lower rates of iron

deficiency anemia than comparable infants not enrolled in WIC, and WIC participation shows a significant contribution to reducing neonatal deaths.[2] Various local WIC agencies have also acquired additional funding to promote other health outcomes, including immunization referrals, smoking cessation classes and improved alcohol and drug counseling for WIC clients.

There already are multiple ways that California WIC and the Proposition 10 strategic results that promote **improved family functioning** and **improved child development** are aligned. Although WIC is primarily a nutrition program, one of the primary components of the program is nutrition EDUCATION. WIC has a longstanding history of providing detailed parent education to pregnant women and caregivers of young children. Since its inception, WIC has aggressively engaged women in counseling for behavioral modification of many health and dietary patterns and practices. Examples include increasing fruit and vegetable intake, breastfeeding counseling to increase the initiation and duration of breastfeeding, car seat safety, lead paint detection, and other child safety issues. In the past five years, many WIC agencies have developed parenting classes as part of their curriculum, expanding the "core" WIC nutrition education classes into more comprehensive parent education classes. In fact, there is a current push at the federal level to "reinvent nutrition education," incorporating more topics into the current education package so that families receive more comprehensive services when they come to WIC. Thus, California WIC already addresses the issues of parent and child education, and is well positioned to expand these services with collaborative partners.

Relevance to Other Reports in This Series

The Building Community Systems for Young Children series includes a number of other papers that are directly applicable in the WIC setting, providing excellent reviews of areas in which Proposition 10 funding can improve the health and well-being of young children and families. Many of the papers nicely review the current status of programs in the state, and highlight strategies for improving services and access to services. Readers are encouraged to review the complete series, since all of the reports offer strategies and suggestions that could be addressed in the WIC setting.

Strategic Advantages of Partnering with WIC

The WIC program is an excellent partner for many different kinds of Proposition 10 interventions that will soon be devised by county commissions. With creative collaboration and blended funding, including Proposition 10 support, local WIC agencies can include a wide variety of innovative and effective early childhood interventions as part of their existing WIC service delivery infrastructure.

There are seven main reasons why WIC is an excellent Proposition 10 partner:

1. **Access to Most of the Prop 10 Target Population.** Over half of infants born in California are enrolled in WIC, including virtually all low-income infants. In Los Angeles County, for example, WIC serves 93% of low-income infants, and 68% of all infants. In May 1999, the statewide program served 1.06 million infants and preschoolers in 895,000 working-poor families.

2. **Presence in the Community.** WIC services are preventive, multifaceted, and community-based. The program's 650 WIC centers are found in virtually every small town, reservation, and low-income

neighborhood in the state. The centers themselves are well located, often along public transportation lines, and are an important community asset.

3. **Culturally Competent, Family-Centered.** WIC providers are experienced, culturally competent nutrition and health educators who know how to work with young families, local communities and special populations. Most WIC staff are from the community; many are current or former WIC participants themselves. Much of the information provided at WIC is information that every family –including affluent families –could use.

4. **User-Friendly.** WIC participants trust and feel safe with WIC providers, who operate with minimal paperwork, no immigration restrictions, and supportive attitudes. WIC's services of nutritious food, breastfeeding support and nutrition counseling, and referrals to health care and other services are provided in an atmosphere of encouragement and empowerment. In a recent report summarized in *The Wall Street Journal* (12/13/99), the WIC program scored second-highest among 30 high-impact federal programs in customer satisfaction.

5. **Accountable.** Since 1996, California WIC has operated an award-winning interactive automated data system, ISIS, the Integrated Statewide Information System. ISIS tracks all WIC participants, recording all of their information in a centralized database that can be queried at the state or local level. ISIS allows local providers to 'tag and track" participants with special follow-up or case management needs, and to directly evaluate multiple program outcomes without delays common in other state systems.

6. **Proven Effective.** WIC focuses on prevention. Proper nutrition and appropriate early feeding -- breastfeeding, in particular -- are key ways to prevent low birthweight, as well as promote early maternal/infant bonding, mental stimulation, and brain development in the critical early years. More than 70 large-scale studies have documented the cost-effectiveness of WIC in improving health outcomes (higher birthweights, lower infant mortality and morbidity, and decreased childhood anemia, for example) and increasing access to primary care and immunizations, resulting in enormous health care cost savings. A frequently cited WIC cost-benefit study[3] found that for every dollar spent on WIC, Medicaid (Medi-Cal) saves $1.92 to $4.21 for every woman and child served.

7. **Ability to Leverage Funding.** The majority of the larger WIC agencies have already been successful in obtaining extramural funding to increase or improve services to WIC families. In addition, extramural funding that supports nutrition activities beyond the scope of WIC can draw down a 50% match of federal funds through the California Nutrition Network. Thus, Proposition 10 funds have significant potential to leverage other funds to support programs targeting young children and families.

II. Research on WIC

The primary goal of the WIC program when it was established as a pilot project in 1972 was to improve fetal development and reduce the incidence of low birthweight, short gestation, and anemia through intervention during the prenatal period. Since the first years of WIC, evaluations of the program have highlighted program success in all of these domains.

Prenatal WIC Participants

- Have longer pregnancies[4,5,6]
- Have fewer premature births[4,5,6]
- Have fewer low- and very-low-birthweight babies [4,5,6]
- Experience fewer fetal and infant deaths[7]
- Seek prenatal care earlier in pregnancy[1]

WIC participation during childhood:

- Helps to ensure normal childhood growth[8]
- Reduces early childhood anemia[8]
- Increases immunization rates[9]
- Improves access to pediatric health care[10]

WIC is proven cost effective! It costs approximately $585 per year to provide a pregnant woman with WIC services. WIC prenatal care benefits reduce the rate of very low birthweight babies by 44%, reducing Medicaid costs between $12,000 and $15,000 for every low birthweight prevented.

Multiple domains of the WIC program have been evaluated by numerous independent research groups, ranging from evaluations of core WIC services (e.g., dietary assessment, nutrition education, infant health) to evaluations of various practices that have become a part of WIC services over the last 25 years (e.g., breastfeeding, immunizations, smoking cessation, oral/dental health). Although not every study has shown positive effects that can be specifically attributed to participation in WIC, the collective body of research on WIC provides clear support for the efficacy of the WIC program. While a review of all of the research on WIC is beyond the scope of the current report, an abbreviated review of some key areas provides some sense of the quality and extent of the research literature. (Readers are referred to the National Association of WIC Directors *'Bibliography of Published Research on WIC*[11] for a more thorough listing of research findings.)

Studies of Nutrition Practices

Studies of dietary assessment/nutrition practices/health behaviors of WIC participants show that household participation in the WIC program increases the nutrient intake of preschool children.[12] Participation in WIC is associated with more family food servings per week,[13] and foods provided by WIC are not associated with increased overweight among preschool-aged children.[14] Many studies highlight nutritional practices and behaviors of WIC participants that inform nutrition education in the program. For example, because food label reading was identified as difficult for low-income women using WIC services,[15] nutrition education was tailored to meet the needs of this population. Another study identified maternal beliefs and practices about child feeding that are associated with childhood obesity, and concluded that health professionals should avoid implying that infant weight is a necessary measure of child health or parental competence.[16]

Studies of Breastfeeding Promotion and Support

A considerable body of work illustrates the cost savings accrued from breastfeeding.

Breastfeeding promotion has always been part of the WIC program. In 1989, Congress earmarked $2 million of the WIC budget to be used exclusively for breastfeeding promotion and support at WIC. Dedication to breastfeeding was further formalized in 1993, with the USDA $ addition of an Enhanced Food Package for women who breastfeed exclusively.[17] Currently, local WIC agencies are mandated to spend approximately $24 per pregnant or breastfeeding woman on breastfeeding support services. Studies of breastfeeding in the WIC population

show that prenatal WIC participation significantly increases the initiation of breastfeeding,[18] and early postpartum enrollment in WIC is effective in increasing the duration of breastfeeding.[19] Countless other studies review breastfeeding promotion plans, goals and activities in different WIC sites.[20,21,22,23] Breastfeeding reduces health care costs as a result of decreased illness and hospitalization of breastfed infants. Breastfeeding also reduces costs to families, eliminating annual formula costs of $100-$1200 and reducing lost work time for mothers because breastfed infants have lower rates of illness.[24,25,26]

Additional Studies

Other Areas of Study
- ***Immunizations***
- ***AIDS education***
- ***Smoking cessation***
- ***Alcohol prevention***

In addition to studies of nutrition practices and breastfeeding, other areas of research highlight the multiple domains in which the WIC program has had an impact. There is a large body of research on improving immunization rates through the WIC program.[27,9] Other research has documented the results of experimental evaluations of AIDS educational interventions with WIC mothers.[28,29,30] Another important area of research has been smoking cessation and alcohol and drug prevention for WIC mothers, with investigators focusing on improving the detection of cigarette and drug abuse and then creating sustainable interventions in the WIC program.[31,32,33] The diversity of areas of study and prevention suggest that not only is the WIC program continuing to provide high-quality nutrition education and supplementation for participants, but WIC has also had success in adding programs to core services through extramural funding sources. The WIC program has a proven track record of using outside funding to expand services into domains that optimize developmental outcomes for children. Thus, new programs developed with Proposition 10 funding are likely to be effective, sustainable and measurable.

Room for Improvement

While there is little doubt from the research findings that the WIC program is successful across multiple domains and achieves its core objectives, there is always room for improvement. One recent paper[34] criticized the WIC program as too permissive in its eligibility requirements, allowing less needy families into the program, and labelled the nutritional risk designation as inexact. The authors went on to challenge the methodology of many WIC studies, citing the lack of adequate control groups, and questioned the validity of the findings of these WIC studies.

Certainly, WIC is not a flawless program and will benefit from ongoing review, analysis and modification. However, the difficulty in evaluating a public health program such as WIC with controlled randomized designs stems primarily from the program's success in reaching low-income women and children, making it difficult or impossible to locate comparable control groups. The overwhelming bulk of the evidence in support of WIC is based on studies with more than adequate scientific rigor, and provides consistent evidence of positive effects on infants and children participating in WIC.[35]

There are areas in which the WIC program can be improved. WIC needs to look into expanding its nutrition education to include topics that are relevant to parenting and child development. WIC also needs to investigate collaborations with other health providers to establish more integrated nutrition and health services for low-income families. Combining the existing strengths of the WIC program with Proposition 10 funds and efforts will provide benefits to families that are good for everyone involved. By linking

California WIC with other agencies, using Proposition 10 funding as the fiscal 'glue, "California can take the lead in expanding services for families that can be used as a model for programs nation-wide.

III. Evaluation of Existing Systems/Programs

Review of Basic Services Provided at WIC

Eligibility Certification. WIC eligibility certification of a woman, infant or child is a two-part process that takes place in a single visit. When applicants arrive at a WIC clinic, staff members review their applications and supporting income, address and medical documentation (including perinatal health history), and enter it into California WIC $ automated system, ISIS. The next step is a nutrition assessment by the nutrition staff to identify nutritional risks. These two steps usually take about 30-45 minutes, depending on the level of risk of the participant. Children must be recertified every six months; pregnant women and infants are certified for longer periods.

WIC provides a combination of direct nutritional supplementation, nutrition education and counseling, and increased access to health care and social service providers for pregnant, breastfeeding and postpartum women, infants, and children up to the age of five years. The operation of any California WIC agency is guided by federal rules and follows the same basic format. WIC certification is a process of eligibility and enrollment that begins with the eligibility certification process.

Nutrition Services. As part of the certification process, the nutritionist or nutrition assistant assesses the applicant $ medical information and history, such as height, weight, and blood tests for anemia, which are provided by a medical provider (physician, nurse or Child Health and Disability Prevention program staff.) The nutrition staff also assesses the applicant $ diet and eating habits, and provides appropriate counseling and referrals to other health and social services programs, as needed. Participants must be offered at least two nutrition education sessions per certification period, one individually, the other in a group setting. Most WIC agencies require more frequent education. High-risk participants (those with problems such as anemia, poor weight gain, complicated pregnancies, or obesity, for example) receive more services and individual counseling by a registered dietitian. Typically the group or individual education/counseling sessions last about 30 minutes and occur before the participant receives her WIC checks.

Check Pick-Up. Participants get their first package of WIC checks and instructions on their use immediately after initial eligibility certification. Participants must come in every one to two months thereafter to pick up checks and receive education and nutrition counseling. The average period of WIC enrollment is 13 months per individual, with many young families staying enrolled across multiple pregnancies.

Increasing breastfeeding rates is a national objective and a primary goal of the California WIC Program.

Breastfeeding Promotion and Support. In 1994, the California Department of Health Services convened the California Breastfeeding Promotion Advisory Committee to obtain recommendations and strategies for increasing breastfeeding rates in California. In 1997, the Committee released their report *Breastfeeding: Investing in California $ Future,*[36] which included a review of the benefits of breastfeeding, a comparison of California $ breastfeeding rates with national objectives, and recommendations and strategies for increasing

breastfeeding rates in California. With the WIC Branch as lead, the California Department of Health Services developed a 1997-1999 Strategic Plan for Breastfeeding Promotion based on these recommendations.

Given that one of the committee's top recommendations is that "WIC should adopt model standards of breastfeeding promotion and support based on best practices and ensure that these standards are uniformly implemented throughout the state," the WIC Branch convened a state/local "Model Policies Committee" in 1999 to tackle this objective. The challenge this committee faces is to develop model breastfeeding promotion and support standards while acknowledging the funding limitations of many local WIC agency grants. Some of the larger WIC agencies have grants that are able to support breastfeeding services such as 24-hour breastfeeding help lines, peer counselor programs, lactation consultant services, in-hospital breastfeeding support services, and media coverage for special breastfeeding promotion activities. For example, Santa Barbara County Public Health Department WIC has a breastfeeding counselor who is available via pager during WIC hours to provide counseling, follow-up, and referrals to WIC lactation educators when needed. Volunteers at Ventura County WIC contact new mothers two weeks after delivery to provide breastfeeding support, and answer questions for new mothers during this critical time. Most smaller WIC agencies, however, lack the funding to hire staff to oversee these activities.

It is critical that local WIC agencies identify supplemental sources of funding to be able to implement breastfeeding best practices. Given WIC's access to mothers at highest risk for early termination of breastfeeding, and its existing infrastructure, the WIC program is a cost-effective vehicle for supplemental breastfeeding promotion and support funds. Throughout California, local WIC agencies have taken the lead in establishing community wide breastfeeding coalitions to spread breastfeeding promotion messages beyond the walls of WIC. There are currently 37 regional breastfeeding coalitions in California, which often include representatives from health departments, hospitals, pediatric offices, managed care programs, universities, perinatal advisory councils, and other interested parties. Breastfeeding coalitions serve communities by organizing local efforts to improve the health of the community by promoting, supporting, and protecting breastfeeding.

Despite strong leadership and support for breastfeeding promotion and support from the state WIC Branch, lack of funding is a serious problem for many local WIC agencies.

WIC Service Enhancements

Particularly in the last decade, many California WIC agencies have successfully experimented with various publicly and privately funded enhancements to core WIC services. WIC enhancement projects currently include immunization and health care linkages, parenting education and support groups (including teen parents, recovering parents), work-readiness programs, early literacy interventions, and even neighborhood-improvement projects such as community garden and farmer's market development. These innovative projects are added using blended funding from local, state, federal or private foundation sources. In virtually all cases, additional services are added in collaboration with partnering agencies.

In all cases, WIC service enhancements are done with extramural sources of funding, and not WIC dollars.

Immunizations. Increasing the immunization rates of children enrolled in the WIC program is one of the most prevalent WIC enhancement activities in the state. In general, voucher incentives in WIC result in more children being immunized more rapidly.[9,27] In Los Angeles and Orange counties, the Centers for Disease

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Control and Prevention, the California Department of Health Services (CDHS) and both counties have collaborated with the Public Health Foundation Enterprises (PHFE) WIC program to provide immunization referral and assessment projects at all 50 PHFE-WIC clinics. The goal of the project is to identify strategies that maximize childhood immunization rates, and to provide immunization assessment and referrals for all PHFE-WIC children from birth through 36 months. Through the project, a data-tracking system has been added to the ISIS system, enabling careful tracking of the immunization records of WIC infants and children. To date, over 100,000 children have their immunization record documented in ISIS, and the project's long-term goal is to build a complete immunization registry in Los Angeles and Orange counties.

Touch Points. In Napa County, the local agency WIC program has begun to adopt T. Berry Brazelton's Touch Points approach, in which agency staff are working in collaboration with the county health department and receive extensive training in early child development. The Touch Points model specifically focuses on training professionals who work with young children and families to recognize normal developmental stages and changes in children. By identifying difficult transition periods in development, when infants essentially master a task and need to renegotiate their relationship with their caregiver as they acquire new skills, caregivers can learn what to expect from their children, and how to identify developmental strengths instead of feeling overwhelmed by the apparent "breakdown" in development.

University Collaborations. Ties with local universities are strong, and reflect the diverse issues that can be addressed under the WIC umbrella. The California WIC Branch, for example, worked closely with UCSF on the Maternal-Infant Health Assessment Survey. In collaboration with UC Berkeley's Division of Agriculture and Natural Resources, the California WIC Branch has also recently received federal funding to explore the problem of childhood obesity and improve the capacity of the California WIC community to respond to the crisis of childhood obesity. UC Berkeley researchers are providing technical and methodological expertise, while various WIC agencies around the state are providing access to the the target population.

Around the state, many collaborations with State, UC and private universities bring in extra funding to explore diverse issues related to the WIC Program.

UCLA also has a number of collaborative projects with the WIC agencies in Los Angeles County. Collaborations date back eight to 10 years, and have included multiple topics that have resulted in collaborative publications, presentations and abstracts. Currently, researchers in the School of Public Health are working with PHFE-WIC to investigate food security among pregnant mothers using WIC for the first time. The study is documenting food shortages among first-time pregnant women enrolling in WIC. Other researchers are carrying out a randomized, controlled study of improved assessment and screening techniques for alcohol use during pregnancy. Alcohol use is the leading cause of mental retardation of known origin[37], and the goal of the study is to improve WIC's screening techniques to improve detection of alcohol use and provide intervention for women who drink alcoholic beverages during their pregnancy. Other UCLA researchers are working with Watts Health Foundation WIC program to identify partners in their community to promote optimal parenting and caregiving among the population.

The California Polytechnic Institute in Pomona (Cal Poly Pomona) also works closely with PHFE-WIC on a community garden project in Pomona. Cal Poly Pomona was instrumental in helping with major ground breaking work, and has provided ongoing support of the garden through donations of materials and provision of two student interns who assist in garden management. The WIC community garden promotes food security for WIC participants, who can supplement their family diets with fresh vegetables. The garden also

provides a critical learning experience for children, and recently 20 small plots for children have been added.

In collaboration with Loma Linda University, the San Bernardino Department of Public Health WIC program is currently in the process of developing a research study to look at the impact of specific nutrition education interventions and their impact on anemia among children on WIC. The project will be implemented this year and is tied to the San Bernardino Anemia Task Force, a collaborative that includes CHDP, MCH, Head Start, EFNEP and Loma Linda University. Loma Linda University is also assisting in the development and evaluation of a more comprehensive survey tool that will be used on an ongoing basis to evaluate WIC participant satisfaction in a variety of areas, including nutrition education and breastfeeding promotion.

University – WIC Collaboration Projects

- *Childhood Obesity*
- *Food Security*
- *Alcohol Prevention*
- *Optimal Parenting*
- *Community Garden*
- *Nutrition Education*

Finally, multiple WIC agencies around the state collaborate with UC Davis, UC Berkeley, CSU Northridge, CSU Sacramento, CSU Northridge, CSU Long Beach, Cal Poly Pomona, Cal Poly San Luis Obispo, San Jose State, San Francisco State, San Diego State and Loma Linda University to provide dietetic internships. These internships provide supervised practica, didactic support and specialized nutrition education for dietetic interns and students. WIC provides supervised practice experiences, while universities provide the complementary service-learning component in a dietetics curriculum. A recent report on such partnerships[38] describes the value of such internships, and highlights the collaboration with UC Berkeley. In addition, university and WIC members of all the internship programs in California are now helping to draft statewide recommendations to improve nutrition rotations for students and dietetic interns who do rotations in WIC agencies throughout the state.

Teens. A number of local WIC agencies have also begun to target the needs of the teen population at WIC. Approximately 30,000 to 40,000 of the women in the California WIC program are under age 20. Although California has witnessed a reduction in the teen pregnancy rate in the last five years, pregnant and parenting teens remain a large, underserved group. One primary objective of WIC teen programs around the state has been to prevent a second pregnancy. Another objective has been to tailor nutrition education specifically to teen audiences, setting up special appointments for teens and providing teen-relevant information. With funding from a Community Challenge Grant, PHFE-WIC has teamed up with the CHOICES program in the East San Gabriel Valley to provide onsite GED classes with child care in order to promote high school completion for teen mothers.

Proposition 10 and California WIC share the goal of educating families about the risks of smoking.

Smoking Cessation. Beginning in 1998, a pilot smoking cessation project has targeted pregnant mothers at 37 local WIC agencies. Results suggest that offering cessation programs at WIC sites could be a valuable way to help pregnant women stop smoking.[39] In San Mateo County, the Smoke-Free Start for Families program was initiated in 1997 with funding from the David and Lucile Packard Foundation. Among pregnant women who participated in the program, 40 percent reported that the program helped them to quit. Among the postpartum participants, 25 percent reported that the program helped them to quit.[39] In San Bernardino County, the Department of Public Health WIC program developed a self-help video and kit as an alternate method to assist participants

interested in quitting smoking. The video and kit are currently being utilized and evaluated for their effectiveness.

WIC and Head Start. Working together can mean minimizing duplicative efforts on the part of families and staff and maximizing the positive impact of both the WIC and Head Start programs on good health and nutrition for children and families. In October 1999, the USDA published a report as a result of a coordination project undertaken at the federal level between the Head Start Bureau and the WIC program. The report was undertaken to identify current and potential collaborations, identify barriers to collaboration, gather information on collaborations and their implementation, and disseminate study findings for use by local and national WIC and Head Start staff. In the area of nutrition education, both WIC and Head Start have specific requirements, the majority of which can be coordinated such that families have a variety of opportunities to learn about nutrition, increasing the likelihood that learning opportunities will be effective and meaningful[40]. Coordination strategies include combined nutrition education efforts that are planned and implemented to meet both programs 'requirements, nutrition education conducted in the Head Start setting for both programs, and WIC-Head Start collaboration on community nutrition education programs that reach a wide audience. All of these strategies could be implemented using funding from Proposition 10.

The WIC and Head Start Programs share common goals, and in many communities they serve the same families.

Limitations of WIC

Although the strengths of California WIC by far outweigh the weaknesses, it is important to clarify the potential limitations of partnering with WIC. The first is that all WIC clinics do not operate identically, although they do provide the same core services. With 81 agencies in the state, it is impossible to ensure that all clinics are run the same way with the same level of quality. While some agencies have been highly successful in bringing in outside sources of funding to add service enhancements, other agencies have not pursued such avenues. Issues surrounding child development vary from region to region, with access to services holding a more central role in the rural areas and diversity of services being more relevant in urban areas. Similarly, the interests of the staff at the various agencies differ. Staff working out of county health departments may hold different ideas of how to use Proposition 10 funding to add to core WIC services than staff working out of nonprofit agencies. Executive directors of the different agencies are likely to have different experiences and backgrounds, leading to diverse skills and interests.

Although daunting, the issue of differences between agencies is surmountable by carefully reviewing Appendix A, which that lists the 81 WIC agencies by county. Proposition 10 allows for multiple avenues that promote the health and well-being of children and families; thus WIC agencies can tailor their approaches to fit the unique needs of their communities. Perhaps the most important thing for WIC agencies and other potential collaborating agencies to do is to identify all of the WIC agencies operating in their county. Because Proposition 10 funds are primarily distributed to counties, each county will be able to identify its strengths and align them with the specific goals of its strategic plan. Once the agencies are identified, it is important that they all come to the table to review potential strategies for presenting a united front to the Proposition 10 commission of the county. (Readers are encouraged to read Mark Friedman $ report in this series: 'Results Accountability for Proposition 10 Commissions.') Most people outside of the WIC system are not aware that the WIC clinics

The perfect model for one WIC agency may be unfeasible at another WIC-agency.

on opposite sides of town may not be run by the same agency; thus clarification of what communities are served by the various agencies is of critical importance.

WIC does reach the majority of all WIC-eligible families, and reaches those families most in need of services, but it does not reach middle- to high-income families. Therefore, it will be important to bring in other collaborating institutions, such as hospitals, day care centers, work sites and schools in order to target the higher-income prenatal to age five population. While some collaborative projects might focus on expanding the services that WIC families receive, others may focus on using extramural funding to expand core WIC education to higher-income families who would benefit from the nutrition and breastfeeding education provided at WIC.

When planning projects that use Proposition 10 funding to expand services to families, it is particularly important to recognize that the WIC staff is comprised of nutritionists/RD $ and paraprofessionals. This staff is highly skilled in providing nutrition and health education, and previous work in the WIC setting has shown that the staff is highly trainable and amenable to enhancing their program with small additions. However, it is critically important that new programs designed to add on services at WIC do not overburden the current WIC staff. Instead, those projects that will be successful will provide additional staff support for expanded services. For example, one feasible goal for California WIC is to improve child development services for WIC families during their WIC appointment. While the current staff can provide improved education during the group education class, they cannot be expected to answer detailed questions about an infant $ development. Instead, pairing improved group education with the placement of a child development specialist or public health nurse in the clinic is a feasible way to address the more comprehensive child development needs of WIC participants. Thus, as in all programs, it is important to identify the strengths of the current staff and collaborate with agencies that can provide unique strengths.

A second limitation of linking California WIC with Proposition 10 funding is that WIC does not reach ALL families in California with children prenatal to age five, as specified in the state Proposition 10 guidelines.

Finally, California WIC would benefit greatly from more systematic evaluation, much like that given to the national program. While there is no reason to believe that the conclusions from national-level evaluations of the impact and cost-effectiveness of the program do not hold in California, there is a need for systematic documentation of the impact of changes that may be brought about by the kind of interface with the Proposition 10 initiative illustrated in this report.

IV. Recommended Models for Including WIC in Proposition 10 Plans

Since each county Proposition 10 plan will be different, there is no cookie-cutter approach for using or building on WIC to improve early childhood outcomes. Some plans are leaning toward home-visiting programs, others are looking at family centers, school-based programs and child care options. Here are five models and some concrete examples, ranging from the simplest information and referral approach to more elaborate scenarios.

WIC as Point of Entry

Given the large number of pregnant women and low-income families who come through WIC doors, local WIC programs have the capacity to act as an important point of entry into comprehensive early childhood services. Often, families -- particularly high-risk families -- become 'known to WIC "before they connect with any other program, including health care. Other agencies can use WIC centers as a gateway to identify and recruit families for appropriate services funded by Proposition 10. With appropriate safeguards of confidentiality, ISIS (the computerized database for all WIC participants) and the nutrition risk-assessment system can also be used to identify and screen families eligible for whatever services are ultimately funded by local Proposition 10 initiatives.

Examples:

- Pregnant women who enroll in WIC can be referred to prenatal support groups, breastfeeding support services, Mom $ Clubs, or other enhanced perinatal services funded by Proposition 10. Additionally, these women can be signed up for home-visiting services provided by Proposition 10 programs after they deliver, since they are known to WIC prenatally.

- Home-visiting personnel (either public health nurses or lay community members) can work with WIC staff on case management, tracking or follow-up issues related to families who are being served.

- Home-visiting personnel can work, via simple referrals and phone calls, with WIC on education and direct counseling of their families on issues related to nutrition, breastfeeding, smoking cessation and general family health and well-being.

- WIC $ assessment and risk assignment system can be used to screen potentially eligible families and refer them appropriately to Proposition 10 programs and services. The WIC system can assist in determining levels of risk among prenatals, newborns, and young children, and WIC staff can provide referrals and follow-up to insure that high, medium, and low-risk families are receiving the appropriate care.

WIC as Platform

With Proposition 10 funding, WIC is in an excellent position to go beyond screening and referrals, and actually serve as the physical and administrative 'home "for a wide variety of Proposition 10-related family services. Proposition 10-supported services can be offered to WIC participants and others in the WIC setting itself, by WIC staff or other providers. WIC centers that are already located in hospitals and health centers, or co-located with other services are particularly well suited to become 'one-stop "sites, if counties go this route. WIC centers may also use Proposition 10 funding to stay open 'after hours "to provide services.

Examples:

- A WIC neighborhood center or remote rural site may be the only outlet serving young families in a particular locale. The space can be used during evenings, weekends, or non-WIC hours to hold support groups, parenting classes, intake and counseling sessions, Healthy Families/Medi-Cal enrollments, etc.

- WIC staff are a great resource, since they are expert community health educators. Proposition 10-funded health education and outreach efforts, such as peer support groups, parenting education classes, Mom and Baby Clubs, early literacy groups, smoking cessation classes, etc., can be taught to WIC staff and implemented in WIC clinics or elsewhere in the community (e.g. schools, libraries and child care centers). Alternatively, staff from other agencies could come into WIC clinics to provide the education directly to the client.

- Breastfeeding promotion and support is WIC's premier nutrition education activity —and critically important to early brain development. Proposition 10 funding could enable WIC agencies to implement model breastfeeding support services (e.g., peer counselor programs, 24-hour breastfeeding hotlines, lactation consultant services) to all mothers who need it —not just WIC-eligibles. WIC breastfeeding educators could be part of home visit teams, for example. (See, Breastfeeding Committee Report to the California Department of Health Services, November 1996.[36])

- Much of the information provided at WIC is information every family could use. California WIC has detailed education materials for prenatal mothers, infants, toddlers and young children regarding optimal diets and serving sizes, as well as strategies for getting young children to eat healthful foods. Proposition 10 funding might be used to expand the WIC nutrition education package to include higher income families.

- Many WIC programs already provide immunization linkages, with special funds or county partnerships. Proposition 10 funds could allow more WIC programs insure that all their participants are immunized and receive other health and social services such as CHDP screens, CCS and CPS referrals, drug and alcohol services, mental health care, dental care and sealants, etc.

WIC as Partner

Many analysts would like to see both state and local Proposition 10 funds be used as fiscal "glue." That is, rather than reinvent the wheel, local strategic plans are likely to support improved and enhanced existing programs via tighter coordination, elimination of artificial regulatory barriers, and leveraging of new federal funds. Obviously, WIC has a key role to play in the "glue" approach.

Examples:

- WIC currently identifies women for nutritional risk. WIC agency staff can be trained to use additional behavioral and developmental assessment tools to assess family needs and strengths and make appropriate referrals to Proposition 10-funded programs. With Proposition 10 funding, a more comprehensive risk assessment tool could be added to ISIS that would enable WIC staff to screen families for specific psychosocial risk factors that are known to place children and families at highest risk. These families could then be linked into case management with the collaboration of other agencies. WIC programs can be the physical or administrative "home" to these programs, and serve as the central clearinghouse for managerial staff, phones, files and administrative systems. WIC sites can also be the meeting place for client groups and counseling.

- WIC nutritionists can take the lead in the planning and implementation of a nutrition education and breastfeeding support program for young families. WIC staff can be the nutrition members of the

comprehensive 'team "of people, including public health nurses and paraprofessional staff who can take the education out to the community. Moreover, if they qualify, these nutrition activities for low-income families can draw down a 50% match of **additional** funds through the California Nutrition Network for Healthy, Active Families. Fund leveraging is encouraged by Proposition 10 $ statutory intent language this should be a strong selling point for local commissions!

WIC as Provider

In the most ambitious scenario, a local WIC program, particularly one that is part of a public health or community clinic system, could well become a direct provider of Proposition 10-funded services, including WIC benefits themselves.

Examples:

- Since WIC has proven effective in improving maternal and child health outcomes, WIC services could be extended to more participants than are currently being served with limited federal funds. The local WIC program could be funded to serve additional caseload with Proposition 10 dollars. As long as Proposition 10 funds are not supplanting existing funds, this is allowable, and could actually draw down Nutrition Network matching funds.

- WIC centers could be converted into Family Resource Centers, providing comprehensive services designed to improve child development outcomes for families with young children. Local WIC agencies could apply to become a new center, building on existing WIC physical and administrative infrastructure. Similarly, WIC providers could apply to put together an 'in-house "home-visiting team in collaboration with Proposition 10. Or, WIC providers could apply to bring child development/parenting specialists into clinics to provide one-on-one and group counseling to families.

WIC as a Research Partner

As evidenced by the large amount of research carried out in WIC sites around the country, WIC is an excellent research partner. As California endeavors to create new programs for young children and families, it is critical that objectives are clarified from the outset, results are measurable, and programs are held accountable for achieving their objectives. In addition to measuring the effectiveness of programs, there remain critical questions that need to be answered with empirical research. Given the size and diversity of the WIC population, many of these questions can be answered by targeting studies toward WIC families.

Examples:

- Despite the fact that the largest-growing segment of the population in California is Hispanic, there continues to be little research on Hispanic infants and children, parent-child interaction, and family expectations. Programs promoting optimal development for these families are unlikely to be successful until more comprehensive, longitudinal research is carried out with these families. Families visit their WIC clinic on a monthly or bimonthly basis, and the majority of families utilizing WIC services stay enrolled in the program through multiple pregnancies. Interventions with WIC participants are, therefore, likely to have an ongoing, long-term impact from the prenatal period throughout the

important early years of development, and then into the next pregnancy, providing an excellent opportunity for longitudinal family studies.

- Collaborations between WIC agencies and universities have a proven record of success, despite frequent difficulties balancing research and practice agendas. Proposition 10 dollars might be used for meetings and conferences that bring together the researchers and practitioners so that they can share a common language, and be made aware of the opportunities open to one another through collaboration.

V. Integrating/Coordinating Funding Streams

The WIC agencies that provide additional or enhanced services do so by using a wide variety of public and private funds, and often co-locate with allied service providers, particularly in county public health settings. Creative and entrepreneurial WIC project directors have become skilled at using blended funding to enhance WIC services and to meet critical needs among WIC families.

Federal Funding: WIC programs have successfully competed for large and small federal grants from the United States Department of Agriculture (USDA), Centers for Disease Control (CDC) and the federal Department of Health and Human Services (DHHS), particularly in the areas of immunization, black infant health, perinatal substance abuse, obesity prevention, foster care, and other interventions. TANF block-grant funds and welfare-to-work funds that are now being administered at the state level are being used in two county WIC programs to help TANF households prepare for work. USDA also periodically awards Special Project funds to California WIC programs for pilot programs, studies and other projects. These grants are usually for large-scale collaborations with community, state or county partners. Proposition 10 funds could be used to match or enhance many of these projects to reach mutual child development goals.

State Funding: Although California $ WIC program is 100% federally funded with no state match or direct supplemental appropriation, the program has been able to access some state funds, most notably Smoking Cessation program funds that were appropriated as part of Proposition 99. These funds were competitively awarded to 37 local WIC programs, with successful results. These local WIC Smoking Cessation programs are an excellent model for Proposition 10 and eventual tobacco settlement funds.

Collaborative Research Grants: With local colleges and universities leverage funding for special projects at WIC, integrating the expertise of university researchers and WIC personnel. Such collaborations not only provide funding for local WIC agencies and new data about the WIC population, but foster relationships with university researchers who can assist in developing measurable outcomes for community programs. Multiple WIC-university partnerships currently exist that explore factors ranging from childhood obesity to family food security to maternal alcohol consumption during pregnancy. Local WIC agencies, therefore, are wise to open their doors to local universities in order to expand services and potential funding streams, and gain access to invaluable university resources.

VI. Implementing the Models

The recommended models presented above are intended to provide a diverse array of potential ways to use Proposition 10 funding quickly and creatively to reach a large number of individuals. Given the differing needs and strategic plans of counties in California, different models are likely to be more successful in

different counties. The goal of the models is to provide suggestions to WIC agencies and county commissions that highlight how rapidly and diversely WIC clinics can be used to implement strategies selected by the Proposition 10 commissions.

1. Build Systems and Forge Connections

Across all the models, the most important first step in all counties is to locate the WIC agencies in the county. Once located, WIC agencies need to identify how they can best fit into the county strategic plan: Are they most able to act as a point of entry, platform, partner, provider or research partner? The majority of WIC agencies will already have collaborative partners providing a variety of services, so Proposition 10 commissions and WIC agencies might look for how to strengthen existing collaborations and bring in more partners.

2. Identify Agency Strengths and Weaknesses

As noted in the 'Limitations of WIC "section above, not all WIC agencies are created equal. Not only does caseload size differ, but staff attitudes and backgrounds differ. Therefore, different agencies are going to have different abilities in playing a role in the development and implementation of Proposition 10 programs. The models delineated in section IV are arranged hierarchically, with those involving the highest level of WIC agency involvement at the end (WIC as Provider). Many WIC agencies are at the highest level, and simply need additional funds to support collaborative work with other agencies to get large-scale projects off the ground. However, some agencies will not be capable of acting as more than a point of entry, providing the current services they already do well, and using support from Proposition 10 to improve their connections to other agencies to whom they can refer WIC clients. The important message is that regardless of what 'level "a WIC agency can achieve, any level will mean better services for underserved children and families.

3. Identify the 'Best "Model for Your County

Most likely, one or two recommended models are most feasible and best complement a county \$ strategic plan. Some counties will be in the enviable position of being capable of choosing any of the models. In developing the models, it is clear that California WIC cannot choose one 'best "model to endorse across the state. Instead, some might be considered at the state level (e.g., additions to ISIS for high-risk screening), while most must be considered at the individual county level. Many WIC agencies have already begun to adopt some of the proposed models at a few of their sites. Proposition 10 funding may serve to expand current successful programs to the entire WIC population in the county.

4. Use WIC to Reach ALL Families with Young Children

The mission of Proposition 10 is to reach all young children, not just those who are most in need. WIC reaches the majority of low-income children and families, but also provides education that all families could use. Ideally, county plans will not only tap into the WIC population in order to provide more comprehensive services to those families, but will also tap into WIC education efforts and provide them to families who do not qualify for WIC.

5. *Identify Measures and Indicators to Monitor Improvements*

One of the major strengths of the California WIC program is the ISIS database that tracks all WIC participants. Multiple indicators of health, risks and developmental status are already tracked by the WIC program, and thus indicators can be tracked over time as new programs are integrated into WIC with Proposition 10 funding. Data can also be queried by county or by agency, and then compared to other counties or agencies where new programs have not been implemented. Thus, quasi-experimental 'control groups "can be set up in order to evaluate the impact of programs on specific maternal and child outcomes.

In addition to the multiple indicators already available in the ISIS database, the system has the ability to save new codes in the database. Thus, new projects can set up a unique project code in ISIS that can track participants involved. For example, in a new project designed to improve the assessment and reduction of alcohol use during pregnancy at a local WIC agency, a unique code is assigned to all study participants. Participants can then be compared on their alcohol risk codes (already tracked for all WIC participants) to see if clinics in the intervention are more successful than control clinics in assessing alcohol use in order to reduce alcohol consumption during pregnancy.

It is critical that all new projects developed using Proposition 10 funding be results-based and measurable.

The combination of the existing ISIS database and the ability to add new codes to the database allow for close monitoring of program indicators, making partnerships with WIC an important part of an accountability framework for new programs. In addition, the ability to compare data from different parts of a county allows for important analyses to be run on the impact of intervention in a localized area. From the outset, therefore, it is recommended that WIC agencies identify data points (birthweight, risk codes, etc.) that can serve as longitudinal indicators of program success, and then work with collaborative partners who can target improvement in the selected domains.

6. *Keeping Track of Everything: Technical Assistance!*

The combinations of WIC and Proposition 10 are limitless and varied, and stand to be one of the most efficient and cost-effective mechanisms for targeting Proposition 10 dollars. However, WIC alone does not have the resources to document and evaluate the impact of all of these activities and partnerships. If documentation and evaluation depend on interested researchers later seeking separate grant funds, it is unlikely to happen. Thus, Proposition 10 commissions would be wise to utilize some small portion of funds to evaluate its impact, and provide ongoing technical assistance from the point of project conception. With such a mechanism in place, outcomes would not only be clear and measurable, but could also be disseminated to the communities and governments for continued reevaluation and support.

VII. Appendix A: WIC Agencies in California

AGENCY	CONTACT PERSON	PHONE #	FAX #
Alameda County	Anaa Reese	(510) 208-1644	(510) 444-0143
Alliance Medical Center	Nikki Efigenio	(707) 431-0831	(707) 431-2477
American Red Cross	Rhonda Henton	(619) 583-7420	(619) 583-1710
Antelope Valley	Maureen Simanski	(805) 949-5329	(805) 726-6463
Berkeley, City of	Ellen Sirbu	(510) 644-6269	(510) 644-8682
Butte County	Julie Wetmore	(530) 895-6543	(530) 895-6544
Camino Health Centers	Ellen Busch	(949) 488-7696	(949) 488-7698
CEMR (E-Center)	Alexandra Jacobs	(707) 263-5253	(707) 263-0165
Central Valley Indian Health	Nora Bashian	(559) 298-0258	(559) 299-0245
Clinica Sierra Vista	Sally Livingston	(661) 326-6490	(661) 322-1418
Clinicas de Salud Del Pueblo	Don Garcia	(760) 344-5950	(760) 344-0061
Community Medical Centers	Lauren Heniger	(209) 944-4761	(209) 944-4790
Contra Costa County	Beverly Clark	(925) 646-5376	(925) 646-5029
Del Norte Clinics	Susan Garcia	(530) 742-4993	(530) 742-2599
Delta Health Care	Kay Ruhstaller	(209) 472-7093	(209) 472-9802
Drew Health Foundation	Carmencita Flores	(650) 328-5073	(650) 833-1834
El Dorado County	Ellen Deutsche	(530) 621-6170	(530) 642-9233
Family Health Foundation of Alviso	Kim Potter	(408) 254-5197	(408) 254-5199
Food and Nutrition Services	Wendy Gachesa	(831) 722-7949x15	(831) 722-8532
Fresno County EOC	Wilma Austin	(559) 263-1158	(209) 263-1152
Gardner Health Center	Kristi Blumstein	(408) 294-1323	(408) 275-1851
Harbor-UCLA R.E.I.	Steve Baranov	(323) 242-6766	(323) 779-1190
Human Resources Mother Lode	Shirlee Runnings	(209) 223-7685	(209) 223-7687
Humboldt County	Jim Sousa	(707) 445-6255	(707) 441-2030
Indian Health Center of Santa Clara	Laura Dow	(408) 445-3420x216	(408) 266-7503
Inyo/Mono County WIC Program	Susan Almond	(760) 872-1885	(760) 872-1623
Kern County EOC	Carmen Segovia	(805) 327-3074	(805) 327-2833
Kings County Health Department	Karen Braddock	(209) 584-1401x2588	(209) 582-0927
La Clinica de la Raza	Nori Grossman	(510) 535-4116	(510) 535-4163
Long Beach Department of Health	Judy Ogunji	(562) 570-4365	(562) 570-4032
Madera County Dept. of Health	Ricarda Cerda	(209) 675-7623	(209) 675-7612
Marin County	Alison Tumilowicz	(415) 507-4041	(415) 507-4056
Mendocino County	Betty Touchon	(707) 463-4539	(707) 467-2559

Merced County	Linda Kodman	(209) 383-4859	(209) 383-0366
Monterey County	Joann Godoy	(408) 757-1819	(408) 757-3286
Napa County	Diane Phillips	(707) 253-4272	(707) 253-4380
Nevada County Health Department	Nancy Piette	(530) 265-1491	(530) 265-1426
North County Health Services	Mary Sammer	(760) 752-4324	(760) 752-4322
Northeast Valley Health Corp.	Gayle Schachne	(818) 898-1388x112	(818) 898-3424
Northeastern Rural Health Clinics	Barbara Byers	(530) 257-7094	(530) 251-1256
Orange County Health Care Agency	David Thiessen	(714) 834-8556	(714) 834-8028
Pasadena WIC Program	M. Jane Lewis	(626) 744-6521	(626) 578-9185
Placer County Health Department	Caroline Hickson	(530) 889-7190	(530) 889-6996
Planned Parenthood Orange Co.	Dureen Qureshi	(714) 633-6373	(714) 633-1784
Plumas Rural Services	Joyce Scroggs	(916) 283-4093	(916) 283-3900
Public Health Foundation	Eloise Jenks	(626) 856-6650	(626) 856-6631
Riverside Co. Dept. of Public Health	Susan Conner	(909) 358-5311	(909) 358-5472
Riverside/San Bernardino Indian	Art Lizer	(909) 849-4761	(909) 849-5612
Scripps Health/Mercy Hospital	Carole McCrary	(619) 260-7054	(619) 686-3783
St. Elizabeth Community Hospital	Kathleen Altamirano	(530) 527-8791	(530) 527-6150
Sacramento County	Teri Ellison	(916) 427-9062	(916) 395-7314
San Benito Health Foundation	Shiela James	(408) 637-4217	(408) 637-1339
San Bernardino County	Besty Cline	(909) 387-6315	(909) 387-6899
S.D.S.U. Foundation	Sarah Larson	(619) 505-3070	(619) 569-7906
San Francisco, City and County	Maria Le Clair	(415) 554-9667	(415) 554-9637
San Joaquin Co. Public Health Srvc.	Barbara Riesberg	(209) 468-3286	(209) 468-8573
San Luis Obispo Health Agency	Dayna Ravalin	(805) 781-5571	(805) 781-1217
San Mateo County	Yuchi Yang	(650) 573-2954	(650) 577-9223
San Ysidro Health Center	Jeannette Salazar	(619) 426-7998	(619) 426-7996
Santa Barbara County	Anne Patterson	(805) 681-5279	(805) 681-5662
Santa Clara County	Karen Khorasani	(408) 299-3758	(408) 299-6549
Shasta County	Nancy Mather	(530) 225-5721	(530) 225-5722
Sierra County Health Department	Vickee Greer	(530) 993-6700	(530) 993-6741
Siskiyou County	Sue Doron	(530) 841-4001	(530) 841-0424
Solano Co. Health & Social Srvc.	Claudia Burnett	(707) 421-7231	(707) 423-6385
Sonoma Co. Indian Health Project	Margaret Bregger	(707) 544-4056	(707) 526-1016
Sonoma County Public Health Dept.	Carol Kronberg	(707) 525-6595	(707) 525-6524
Stanislaus Co. Health Services	Phoebe Leung	(209) 558-6833	(209) 558-8320
Sutter County Health Department	Linda Horning	(530) 822-7224	(530) 822-7323
Toiyabe Indian Health Project	Irene Mason	(760) 872-2622	(760) 872-8152
Tiburcio Vasquez	Shiela Altomare	(510) 476-0425	(510) 471-4161
Trinity County	Eileen Stocum	(530) 623-3238	(530) 623-3240
Tulare County	Linda McClure	(209) 685-2519	(209) 685-2695
Tuolumne County Health Dept.	Heidi Vogelsang	(209) 533-7423	(209) 533-7453

United Health Cntrs. of San Joaquin	Gloria Pecina	(209) 646-6611	(209) 638-1612
United Indian Health Services	Nancy Flynn	(707) 677-4146	(707) 677-4149
Urban Indian Health Board	Shama Johnson	(510) 535-4420	(510) 261-0283
Valley Community Health Center	Roberta Smith	(925) 846-5983	(925) 426-6709
Ventura County	Lynda Young	(805) 652-5912	(805) 652-5921
Watts Health Foundation	Debra Keyes	(213) 568-3069	(213) 563-2915
West Oakland Health Council	Norma Mason	(510) 835-9610x340	(510) 272-0209
Yolo County	Sandra Weagraff	(916) 666-8447	(916) 666-6273
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VIII. Appendix B: Helpful Web Sites and California Experts

- California WIC: http://www.dhs.ca.gov/pcfh/wic/wicindex.htm
- National Association of WIC Directors: http://www.wicdirectors.org
- Center on Budget and Policy Priorities: http://www.cbpp.org/
- USDA Food and Nutrition Service: http://www.usda.gov/fcs/oae.htm
- USDA National Agriculture Library, Food and Nutrition Information Center: http://www.nal.usda.gov/fnic/
- Department of Finance, to access population and demographic data on California $ infants and children: www.dof.ca.gov
- WIC Executive Directors (see Agency list in Appendix A)
- Phyllis Bramson-Paul, Chief, WIC Supplemental Nutrition Branch, 3901 Lenane Drive, P.O. Box 942732, Sacramento, CA 94234-7320. (916)928-8806

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